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Date: OCTOBER 3, 2005

To: EXAMINER BURCH, MELODY M.  
U.S. PATENT AND TRADEMARK OFFICE  
Fax #: (571) 273-8300From: FRANK C. NICHOLAS  
Phone #: (847) 424-2521

Client/Matter No.: DP-308943 (7500/227)

# of Pages: 26

(including cover sheet)

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|                      |                      |                    |
|----------------------|----------------------|--------------------|
| Attorney Docket No   | DP-308943 (7500/227) | RECEIVED           |
| Application Number   | 10/603,551           | CENTRAL FAX CENTER |
| Filing Date          | JUNE 25, 2003        | OCT 03 2005        |
| First Named Inventor | MICHAEL J. CHECK     |                    |
| Group Art Unit       | 3683                 |                    |
| Examiner             | BURCH, MELODY M      |                    |

## ENCLOSURES (check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Response to Notice of Noncompliant Amendment Dated September 20, 2005 | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> After Final  | <input checked="" type="checkbox"/> Drawing: Replacement Sheet 5/7  | <input type="checkbox"/> Notice of Appeal   |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> After Allowance Communication to Group   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Status Letter  | <input type="checkbox"/> Petition Routing Slip (PTO/SB/63) and Accompanying Petition  | <input type="checkbox"/> Post Card Receipt  |
| <input type="checkbox"/> Extension of Time Request (duplic)   | <input type="checkbox"/> To Convert a Provisional Application   | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):    |
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| <input type="checkbox"/> Information Disclosure Statement, PTO-1449, att                                  | <input type="checkbox"/> Change of Correspondence Address   | <input type="checkbox"/>  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/>  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application                                | <input type="checkbox"/> Small Entity Statement   | <input type="checkbox"/>  |
|   | <input type="checkbox"/> Request of Refund  | <input type="checkbox"/>  |
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|  | Claims After Amendment |       | Highest No Previously Paid For | Present Extra | Small Entity    |           | Large Entity    |           |
|--|------------------------|-------|--------------------------------|---------------|-----------------|-----------|-----------------|-----------|
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| Total                                      |                        | Minus |                                | 0             | \$ 325=         | 0         | \$ 550=         |           |
| Indep                                      |                        | Minus |                                | 0             | \$ 3700=        | 0         | \$ 2200=        |           |
| Final Presentation of Multiple Dep. Claims |                        |       |                                |               | \$ 180=         | —         | \$ 360=         |           |
|  |                        |       |                                |               | total add'l fee | \$ 0      | total add'l fee | \$ 0      |

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Firm  
or  
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Registration No. 33,883  
CARDINAL LAW GROUP  
1603 Orrington Avenue, Suite 2000  
Evanston, IL 60201

Signature

Date: October 3, 2005

October 3, 2005

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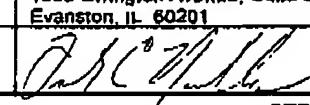
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| <b>TRANSMITTAL<br/>FORM</b><br><small>(to be used for all correspondence after initial filing)</small> |  | Attorney Docket No   | DP-308943 (7500/227) |
|  |  | Application Number   | 10/603,551           |
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|---|------------------------|-------|--------------------------------|---------------|-----------------|--------------|
| Total                                     |                        | Minus |                                | 0             | Rate            | Adj'l Fee    |
| Indep.                                    |                        | Minus |                                | 0             | +\$25=          | 0            |
| First Presentation of Multiple Dep. Claim |                        |       |                                |               | +\$100=         | 0            |
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| Signature               |   |
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